University of Calgary- Student Wellness Services
Fee Waiver Request Form – Missed Appointment

Please complete this form in full and return it to the clinic. Submission does not guarantee approval.

Student Information

- **Full Name:** _____
- **Student ID #:** _____

Appointment Details

- **Missed Appointment Date:** _____
- **Scheduled Time:** _____
- **Fee Amount Charged:** $_____

Reason for Missing the Appointment:
(Please briefly explain why you were unable to attend.)

Reason for Requesting a Fee Waiver:
(Please explain any financial, medical, or extenuating circumstances.)

If this waiver request is not approved, I would like to:
(Please select one)

☐ Request a reduced fee amount
☐ Arrange a payment plan
☐ Discuss alternative options

If you have selected to arrange payment plan, please state how much you can afford each month: $_____

Office Use Only
☐ Approved
☐ Denied
☐ Partial Reduction
☐ Payment Plan Arranged

Approved by: _____
Date: _____
Notes: _____